Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHEAST KINGDOM HUMAN SERVICES, INC. DC PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1992

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTHEAST KINGDOM HUMAN SERVICES, INC.

P.O. BOX 724
181 CRAWFORD ROAD
NEWPORT, VT 05855

2b Employer Identification Number (EIN)
03-0212039

2c Plan Sponsor's telephone number
802-334-6744

2d Business code (see instructions)
621420

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	MICHAEL HUANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	890
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	517
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	530
b	Retired or separated participants receiving benefits	**6b**	73
c	Other retired or separated participants entitled to future benefits	**6c**	296
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	899
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	899
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	781
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	785
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2K 2L 2M 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHEAST KINGDOM HUMAN SERVICES, INC. DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST KINGDOM HUMAN SERVICES, INC.

D Employer Identification Number (EIN)
03-0212039

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	369223	306	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	3044220
5	Current value of plan's interest under this contract in separate accounts at year end	5	6957273

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3213915
c	Additions: (1) Contributions deposited during the year	7c(1)	18664		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	123070		
	(4) Transferred from separate account	7c(4)	609254		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	750988
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3964903
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	632741		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	286919		
	(4) Other (specify below) ▶ FEES	7e(4)	1023		
	(5) Total deductions			7e(5)	920683
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3044220

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHEAST KINGDOM HUMAN SERVICES, INC. DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST KINGDOM HUMAN SERVICES, INC.

D Employer Identification Number (EIN)
03-0212039

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 52 54 64 66	RECORDKEEPER	58153	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHEAST KINGDOM HUMAN SERVICES, INC. DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NORTHEAST KINGDOM HUMAN SERVICES, INC.

D Employer Identification Number (EIN)
03-0212039

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	344018

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHEAST KINGDOM HUMAN SERVICES, INC. DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST KINGDOM HUMAN SERVICES, INC.

D Employer Identification Number (EIN)
03-0212039

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6967168	6957273
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17038651	20857740
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3213914	3044220
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	27219733	30859233
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	27219733	30859233

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1108162	
(B) Participants	2a(1)(B)	838420	
(C) Others (including rollovers)	2a(1)(C)	21751	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1968333
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4219629
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6187962
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2490309	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2490309
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	58153	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		58153
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2548462
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3639500
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KITTELL BRANAGAN & SARGENT **(2)** EIN: 03-0302296

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		30986
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHEAST KINGDOM HUMAN SERVICES, INC. DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST KINGDOM HUMAN SERVICES, INC.

D Employer Identification Number (EIN)
03-0212039

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A .

Northeast Kingdom Human Services, Inc.
Tax Deferred Annuity Plan

FINANCIAL STATEMENTS

December 31, 2025

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
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KBS
Kittell Branagan & Sargent
Certified Public Accountants
Vermont License #167

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors and Michael Huang
Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
PO Box 724
Newport, VT 05855

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the accompanying financial statements of Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2025, and 2024 and for the years ended December 31, 2025, and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 2 to the financial statements, Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans.* The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonable determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes at end of year is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Kittell, Branagan & Sargent

St. Albans, Vermont
September 29, 2026

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS

	2025	2024
ASSETS		
Contributions Receivable:		
Employer	$ 1,335,574	$ 1,108,163
Employee	31,314	-
Investments:		
Interest in Pooled Separate Accounts	344,017	397,300
Mutual Funds	27,470,997	23,608,519
Group Annuity Contracts	3,044,220	3,213,915
TOTAL ASSETS	$ 32,226,122	$ 28,327,897

LIABILITIES AND NET ASSETS

NET ASSETS AVAILABLE FOR BENEFITS	$ 32,226,122	$ 28,327,897

See Accompanying Notes to Financial Statements

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31,

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employee Contributions	$ 869,734	$ 782,691
Employer Contributions	1,335,574	1,108,179
Rollovers	21,751	59,200
Net Realized Gains on Investments	1,210,243	879,871
Net Unrealized Gains on Investments	2,082,526	1,293,975
Dividends/Interest	926,861	689,930
TOTAL ADDITIONS	6,446,689	4,813,846
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	2,490,309	2,379,618
Administrative Expenses	58,155	49,833
TOTAL DEDUCTIONS	2,548,464	2,429,451
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	3,898,225	2,384,395
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	28,327,897	25,943,502
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 32,226,122	$ 28,327,897

See Accompanying Notes to Financial Statements

NOTE 1 DESCRIPTION OF PLAN

The following description of Northeast Kingdom Human Services Inc. Tax Deferred Annuity Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General
   The Plan is a defined contribution plan covering all full-time employees of the Agency. Persons employed on December 31st (waived if 59 years of age or older) become eligible for employer contributions upon completion of one year of service during which they have worked at least 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Contributions
   Employees may elect to contribute 100% of compensation subject to annual IRS dollar limits ($23,500 and $23,000) for the years December 31, 2025 and 2024, respectively. In addition, "catch-up" contributions up to $7,500 for participants reaching age 50 by December 31, 2025 and 2024. In 2025 an additional $3,750 contribution is allowed for those ages 60 to 63,

3. Employer Match
   Northeast Kingdom Human Services, Inc., contributes 5% of the participant's eligible compensation exclusive of employee salary reduction. In addition, Northeast Kingdom Human Services, Inc. will match 50% of up to 5% of an employee's elected salary reduction. The employer match is remitted annually within 2½ months following the end of the Plan year.

4. Participant Accounts
   Each participant's account is credited with the participant's contributions and allocations of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting
   Under the current Plan, participants are always 100% vested in their account plus earnings.

6. Payment of Benefits
   On termination of service due to death, disability or retirement, the participant or their beneficiary will be eligible for 100% of their account balance. If the participant is married on the date benefits are to begin, he/she will automatically receive a joint and 50% survivor annuity. If the participant is not married on the date benefits are to begin, they will automatically receive a life annuity. A participant may elect an alternative form of payment in either a lump sum, purchase of a different form of annuity or installments over a period of not more than their assumed life expectancy.

NOTE 2 SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting.

Investments
The Plan's investments are stated at fair value, except for group annuity contracts which are stated at contract value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the plan at year-end. The Plan's Trustees are designated to hold and invest Plan assets for the benefit of the Plan's participants. The Plan's Trustees have selected several TIAA-CREF Mutual Funds for Plan participants to invest their Plan contributions. The mutual funds are invested in various types of investments such as money market investments, stocks, bonds and other governmental obligations.

Plan Termination
Although it has not expressed any intent to do so, the employer has the right to terminate the Plan at any time.

Administration of Plan Assets
Contributions made to the Plan are held and invested by the Trustee of the Plan. The Trust Fund established by the Plan's Trustee will be the funding medium used for the accumulation of assets from which benefits will be distributed.

The Plan's administrator keeps the records for the Plan and is responsible for the administration of the Plan.

Use of Estimates
The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, except for group annuity contracts which are valued at contract value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment contracts held by a defined contribution plan are required to be reported at contract value.

Adoption of FASB ASU 2016-13 and Related Standards
At the beginning of 2023 the Plan adopted FASB ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial instruments, as amended*, which modifies the measurement of expected credit losses on certain financial instruments. The Plan adopted this new guidance utilizing the modified retrospective transition method. The adoption of this Standard did not have a material impact on the Plan's financial statements but did change how the allowance for doubtful accounts is determined.

NOTE 2 SUMMARY OF ACCOUNTING POLICIES (continued)

Excluded Contracts and Accounts

The plan administrator has elected to exclude certain contracts and accounts from plan assets in accordance with DOL FAB 2009-02 due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact stopped making contributions to the contract or account before January 1, 2009;
- All the rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer; and
- The individual owner of the contract is fully vested in the contract or account.

NOTE 3 RELATED PARTY TRANSACTIONS/PARTIES IN INTEREST

The employer, Northeast Kingdom Human Services, Inc. provides administrative services to the plan at no charge and absorbs significant costs associated with administration of the plan. The Plan invests in allocated insurance contracts and annuities sponsored by the plan's custodian, as defined by the plan, and therefore, these transactions qualify as party in interest transactions. The Plan paid $58,155 and $49,833 to the custodian for administrative fees during the years ended December 31, 2025, and 2024 respectively.

NOTE 4 TAX STATUS

The Plan record keeper obtained its latest opinion letter as a volume submitter on August 7, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan record keeper and the Plan's sponsor believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and accordingly is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or derecognize an asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRC. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or de-recognition of an asset) or disclosure in the financial statements. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The federal tax returns for the years ended after December 31, 2019, remain open for potential examination by the Department of Labor. The plan administrator believes it is no longer subject to income tax examination for years prior to 2019.

NOTE 5 INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified by the custodian, TIAA-CREF:

	2025	2024
Investments (at fair value)		
Pooled Separate Accounts	$ 344,017	$ 397,300
Mutual Funds	27,470,997	23,608,519
Group Annuity Contracts	3,044,220	3,213,915
Net Realized and Unrealized Gains (losses) on Investments	3,292,769	2,173,846
Dividends/Interest	926,861	689,930

NOTE 6 FAIR VALUE MEASUREMENTS

As of the beginning of the plan year, the Plan implemented *Fair Value Measurements*. Fair Value Measurement establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Pooled separate accounts: Valued at the net asset value (NAV) of units of a pooled separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

NOTE 6 FAIR VALUE MEASUREMENTS (continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded

The following table presents by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2025 and 2024. Investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Description	December 31, 2025	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 27,470,997	$ 27,470,997	$ -	$ -
Total Assets in fair value hierarchy	27,470,997	$ 27,470,997	$ -	$ -
Net Investments measured at net asset value (NAV) *	344,017			
Total	$ 27,815,014			

Description	December 31, 2024	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 23,608,519	$ 23,608,519	$ -	$ -
Total Assets in fair value hierarchy	23,608,519	$ 23,608,519	$ -	$ -
Net Investments measured at net asset value (NAV) *	397,300			
Total	$ 24,005,819			

* In accordance with Subtopic 820-10 (under ASU 2015-07), certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE 7 FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NET ASSET VALUE

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024, respectively.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
TIAA-CREF Real Estate Fund	$ 344,017	N/A	Daily	30 days

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
TIAA-CREF Real Estate Fund	$ 397,300	N/A	Daily	30 days

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE 9 INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has benefit responsive investment contracts with TIAA-CREF. TIAA-CREF maintains the contributions in general accounts. TIAA-CREF provides a guarantee of principal, a guaranteed minimum rate of interest between 1% and 3% and is adjusted annually. Transfers may only be from the account to non-competing funds within the plan where they must remain for 90 days before being transferred to a competing fund. The value of these contracts at December 31, 2025 and 2024 was $2,647,700 and $2,998,255, respectively.

The plan also has a fixed annuity structured as a separate account. The minimum guaranteed interest rate is between 1% and 3% and changes every six months. Transfers may only be from the account to non-competing funds within the plan where they must remain for 90 days before being transferred to a competing fund. Transfers into the account may not be made for 30 days following a transfer out. Contract withdrawals of the entire contract by the plan sponsor may be paid within 90 days or two years. The value of this annuity at December 31, 2025 and 2024 was $396,519 and $215,660, respectively.

NOTE 9 INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

As described in Note 2, because the group annuity contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract. Contract value, as reported by the Plan, represents contributions made under contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plan's prohibitions on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974.

The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The group annuity contract and guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

TIAA-CREF determined that the financial activity related to certain deemed distributions were reported in advance of the participant meeting a triggering event. As a result, reported plan assets in the investment collateralizing the loan (TIAA Traditional Annuity) were understated. In these specific situations the associated investment activity and balances are reportable.

TIAA-CREF tracked the balances associated with these situations on their recordkeeping system. TIAA Traditional Annuity (the investment used to collateralize plan loans) was not considered a plan asset. In March 2010 the DOL issued an Advisory Opinion and concluded that TIAA Traditional Annuity should be reported as an asset in the Plans Form 5500 beginning in 2009. As a result, a Supplemental Investment Report was provided to properly report these plan investments and related activity, summarizing the financial activity at a participant level.

The funds are credited with interest in an amount equivalent to the loan interest being accumulated on the defaulted loan. The investment is fully benefit responsive and upon the employee reaching a triggering event will be distributed and remitted to TIAA in repayment of the defaulted Plan Loan.

NOTE 10 ANNUITY SETTLEMENTS – ALLOCATED CONTRACTS

Upon employment termination, participants may elect to purchase individual annuity contracts. These allocated contracts are fully guaranteed by TIAA CREF and pursuant to generally accepted accounting principles and Form 5500 reporting requirements, are excluded from the plan's financial statements because the purchase of the contract transfers the obligation to pay the benefits and the related risks to the insurance contract. The subsequent stream of annuity payments occurs outside of the plan and does not represent an obligation of the plan.

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025, and 2024, to Schedule H of Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 32,226,122	$ 28,327,897
Contributions Receivable Employer	(1,335,574)	(1,108,163)
Contributions Receivable Employee	(31,314)	-
Net assets available for benefits per the Form 5500	$ 30,859,234	$ 27,219,734

The following are the reconciliations of employee and employer benefits per the financial statements for the years ended December 31, 2025, and 2024, to Form 5500:

	2025	2024
Employee Contributions per the financial statements	$ 869,734	$ 782,691
Add: prior year participant contributions receivable	-	24,860
Less: current year participant contributions receivable	(31,314)	-
Employee Contributions per Schedule H of Form 5500	$ 838,420	$ 807,551
Employer Contributions per the financial statements	$ 1,335,574	$ 1,108,179
Add: prior year employer contributions receivabvle	1,108,163	1,018,729
Less: current year employer contributions receivable	(1,335,574)	(1,108,163)
Employer Contributions per Scheduel H of Form 5500	$ 1,108,163	$ 1,018,745

NOTE12 DELINQUENT PARTICIPANT CONTRIBUTIONS

The DOL and the IRS require employers who sponsor defined contribution retirement plans to remit employee contributions as soon as administratively possible. During 2025 it was noted that the Plan's sponsor failed to remit employee contributions to the Plan within the required time frame. These failures constituted prohibited transactions. The Plan's sponsor will bear the cost of the lost earnings, IRS penalties and any liabilities that may arise from noncompliance issues with the Department of Labor.

Total That Constitute Non-Exempt Prohibited Transactions

Check Here If Late Participants Loan Repayments Are Included	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP & PTE 2002-51
X	$ 30,986	$ -	$ 30,986	$ -	$ -

NOTE 13 SUBSEQUENT EVENTS

The Company management has evaluated subsequent events through September 29, 2026, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2025, have been incorporated into these financial statements.

SUPPLEMENTAL INFORMATION

Schedule 1

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500 Schedule H Line 4i
EIN: 03-0212039 PN: 002
December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost of Acquisitions	(e) Current Value
*	TIAACREF	TIAA-CREF Real Estate	N/A	$ 344,017
*	TIAACREF	TIAA Traditional Benefit Responsive		812,617
*	TIAACREF	TIAA Traditional Benefit Responsive 2		3,921
*	TIAACREF	TIAA Traditional Non Benefit		1,829,934
*	TIAACREF	TIAA Traditional		1,228
*	TIAACREF	TIAA Stable Value		396,519
*	TIAACREF	TIAA Access Nu Core Pl BD T4		4,737
*	TIAACREF	TIAA Access Nu Core Bond T4		17,097
*	TIAACREF	TIAA Access Nuv Equity Idx T4		4,752
*	TIAACREF	TIAA Access Nu Core Equity T4		13,276
*	TIAACREF	TIAA Access Nuv Infl Lnk BD T4		6,347
*	TIAACREF	TIAA Access Nuv Intl Equity T4		426,656
*	TIAACREF	TIAA Access Nuv Lfcy Rt Inc		26
*	TIAACREF	TIAA Access Lrg Cap Val T4		71,816
*	TIAACREF	Nuveen LfCycle 2010		95,914
*	TIAACREF	Nuveen LfCycle 2015		1,264,542
*	TIAACREF	Nuveen LfCycle 2020		920,150
*	TIAACREF	Nuveen LfCycle 2025		3,572,700
*	TIAACREF	Nuveen LfCycle 2030		2,809,831
*	TIAACREF	Nuveen LfCycle 2035		3,281,513
*	TIAACREF	Nuveen LfCycle 2040		2,018,977
*	TIAACREF	Nuveen LfCycle 2045		1,902,934
*	TIAACREF	Nuveen LfCycle 2050		1,630,069
*	TIAACREF	Nuveen LfCycle 2055		795,142
*	TIAACREF	Nuveen LfCycle 2060		1,094,186
*	TIAACREF	Nuveen LfCycle 2065		175,706
*	TIAACREF	American FD New Perspective R6 WP		242,059
*	TIAACREF	American Funds Balanced Fd R6		71,816
*	TIAACREF	American Funds New World R6		20,196
*	TIAACREF	CREF Equity Index		963,307
*	TIAACREF	CREF Global Equities		794,826
*	TIAACREF	CREF Growth		577,489
*	TIAACREF	CREF Inflation Linked Bond		131,007
*	TIAACREF	CREF Money Market		774,516
*	TIAACREF	CREF Social Choice		311,598
*	TIAACREF	CREF Stock		1,297,431
*	TIAACREF	CREF Core Bond R1		236,053
*	TIAACREF	Delaware Small Cap Value R6		4,734

Schedule 1

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500 Schedule H Line 4i
EIN: 03-0212039 PN: 002
December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost of Acquisitions	(e) Current Value
*	TIAACREF	DFA Inflation Protsecportinst AC		22,366
*	TIAACREF	FED Short Term Ttl Ret Bd R6		41,498
*	TIAACREF	JPMorgan Large Cap Growth R6		189,071
*	TIAACREF	Mass Mutual Premier HI Yield I AF		19,900
*	TIAACREF	MFS Mid Cap Growth Fund R6		4,617
*	TIAACREF	PGIM Jennison Small Company R6		494
*	TIAACREF	PIMCO Foreign BD USDolheld Inst AI		289
*	TIAACREF	Pimco Income FD Institutional AJ		30,341
*	TIAACREF	TIAA Access Lifecycle 2010		159
*	TIAACREF	TIAA Access Lifecycle 2015		23,282
*	TIAACREF	TIAA Access Lifecycle 2020		74,294
*	TIAACREF	TIAA Access Lifecycle 2025		69,622
*	TIAACREF	TIAA Access Lifecycle 2030		59,050
*	TIAACREF	TIAA Access Lifecycle 2035		78,537
*	TIAACREF	TIAA Access Lifecycle 2040		103,143
*	TIAACREF	TIAA Access Lifecycle 2045		101,757
*	TIAACREF	TIAA Access Lifecycle 2050		163,940
*	TIAACREF	TIAA Access LifeCycle 2055		45,806
*	TIAACREF	TIAA Access Lifecycle 2060		14,795
*	TIAACREF	TIAA Access Mid Cap Growth		8,102
*	TIAACREF	TIAA Access Mid Cap Value		51,066
*	TIAACREF	TIAA Access Nuv Money Mkt T4		5,864
*	TIAACREF	TIAA Access Nuv Real Estate		34,287
*	TIAACREF	TIAA Access Small Cap Blend Index		32,570
*	TIAACREF	TIAA Access Small Cap Equity		36,662
*	TIAACREF	TIAA Access Nuv Lg Cp Res Equity		79,387
*	TIAACREF	Vanguard 500 IDX ADM AL		258,895
*	TIAACREF	Vanguard Equity Income ADM ZA		83,814
*	TIAACREF	Vanguard FTSE Social Index		10,508
*	TIAACREF	Vanguard Intl Growth ADM AN		27,498
*	TIAACREF	Vanguard Intr-Trm Bond Index ADM AM		53,857
*	TIAACREF	Vanguard Mid-Cap Index ADM U1		25,468
*	TIAACREF	Vanguard REIT Index ADM AO		15,399
*	TIAACREF	Vanguard Small Cap Index ADM U3		70,800
*	TIAACREF	Vanguard TTL Intl STK Index ADM AP		77,631
*	TIAACREF	Vanguard Federal Money Mkt		5,521
*	TIAACREF	Voya Intermediate Bond Fund R6 AQ		15,471
		1919 Socially Responsive Balance		3,832
				$ 30,859,232

* Identifies party in interest

Schedule 2

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN: 03-0212039 PN: 002
For the Year Ended December 31, 2025

Total That Constitute Non-Exempt Prohibited Transactions

Check Here If Late Participants Loan Repayments Are Included	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP & PTE 2002-51
X	$ 30,986	$ -	$ 30,986	$ -	$ -

Schedule 1

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500 Schedule H Line 4i
EIN: 03-0212039 PN: 002
December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost of Acquisitions	(e) Current Value
*	TIAACREF	TIAA-CREF Real Estate	N/A	$ 344,017
*	TIAACREF	TIAA Traditional Benefit Responsive		812,617
*	TIAACREF	TIAA Traditional Benefit Responsive 2		3,921
*	TIAACREF	TIAA Traditional Non Benefit		1,829,934
*	TIAACREF	TIAA Traditional		1,228
*	TIAACREF	TIAA Stable Value		396,519
*	TIAACREF	TIAA Access Nu Core Pl BD T4		4,737
*	TIAACREF	TIAA Access Nu Core Bond T4		17,097
*	TIAACREF	TIAA Access Nuv Equity Idx T4		4,752
*	TIAACREF	TIAA Access Nu Core Equity T4		13,276
*	TIAACREF	TIAA Access Nuv Infl Lnk BD T4		6,347
*	TIAACREF	TIAA Access Nuv Intl Equity T4		426,656
*	TIAACREF	TIAA Access Nuv Lfcy Rt Inc		26
*	TIAACREF	TIAA Access Lrg Cap Val T4		71,816
*	TIAACREF	Nuveen LfCycle 2010		95,914
*	TIAACREF	Nuveen LfCycle 2015		1,264,542
*	TIAACREF	Nuveen LfCycle 2020		920,150
*	TIAACREF	Nuveen LfCycle 2025		3,572,700
*	TIAACREF	Nuveen LfCycle 2030		2,809,831
*	TIAACREF	Nuveen LfCycle 2035		3,281,513
*	TIAACREF	Nuveen LfCycle 2040		2,018,977
*	TIAACREF	Nuveen LfCycle 2045		1,902,934
*	TIAACREF	Nuveen LfCycle 2050		1,630,069
*	TIAACREF	Nuveen LfCycle 2055		795,142
*	TIAACREF	Nuveen LfCycle 2060		1,094,186
*	TIAACREF	Nuveen LfCycle 2065		175,706
*	TIAACREF	American FD New Perspective R6 WP		242,059
*	TIAACREF	American Funds Balanced Fd R6		71,816
*	TIAACREF	American Funds New World R6		20,196
*	TIAACREF	CREF Equity Index		963,307
*	TIAACREF	CREF Global Equities		794,826
*	TIAACREF	CREF Growth		577,489
*	TIAACREF	CREF Inflation Linked Bond		131,007
*	TIAACREF	CREF Money Market		774,516
*	TIAACREF	CREF Social Choice		311,598
*	TIAACREF	CREF Stock		1,297,431
*	TIAACREF	CREF Core Bond R1		236,053
*	TIAACREF	Delaware Small Cap Value R6		4,734

Schedule 1

Northeast Kingdom Human Services, Inc. Tax Deferred Annuity Plan
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500 Schedule H Line 4i
EIN: 03-0212039 PN: 002
December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost of Acquisitions	(e) Current Value
*	TIAACREF	DFA Inflation Protsecportinst AC		22,366
*	TIAACREF	FED Short Term Ttl Ret Bd R6		41,498
*	TIAACREF	JPMorgan Large Cap Growth R6		189,071
*	TIAACREF	Mass Mutual Premier HI Yield I AF		19,900
*	TIAACREF	MFS Mid Cap Growth Fund R6		4,617
*	TIAACREF	PGIM Jennison Small Company R6		494
*	TIAACREF	PIMCO Foreign BD USDolheld Inst AI		289
*	TIAACREF	Pimco Income FD Institutional AJ		30,341
*	TIAACREF	TIAA Access Lifecycle 2010		159
*	TIAACREF	TIAA Access Lifecycle 2015		23,282
*	TIAACREF	TIAA Access Lifecycle 2020		74,294
*	TIAACREF	TIAA Access Lifecycle 2025		69,622
*	TIAACREF	TIAA Access Lifecycle 2030		59,050
*	TIAACREF	TIAA Access Lifecycle 2035		78,537
*	TIAACREF	TIAA Access Lifecycle 2040		103,143
*	TIAACREF	TIAA Access Lifecycle 2045		101,757
*	TIAACREF	TIAA Access Lifecycle 2050		163,940
*	TIAACREF	TIAA Access LifeCycle 2055		45,806
*	TIAACREF	TIAA Access Lifecycle 2060		14,795
*	TIAACREF	TIAA Access Mid Cap Growth		8,102
*	TIAACREF	TIAA Access Mid Cap Value		51,066
*	TIAACREF	TIAA Access Nuv Money Mkt T4		5,864
*	TIAACREF	TIAA Access Nuv Real Estate		34,287
*	TIAACREF	TIAA Access Small Cap Blend Index		32,570
*	TIAACREF	TIAA Access Small Cap Equity		36,662
*	TIAACREF	TIAA Access Nuv Lg Cp Res Equity		79,387
*	TIAACREF	Vanguard 500 IDX ADM AL		258,895
*	TIAACREF	Vanguard Equity Income ADM ZA		83,814
*	TIAACREF	Vanguard FTSE Social Index		10,508
*	TIAACREF	Vanguard Intl Growth ADM AN		27,498
*	TIAACREF	Vanguard Intr-Trm Bond Index ADM AM		53,857
*	TIAACREF	Vanguard Mid-Cap Index ADM U1		25,468
*	TIAACREF	Vanguard REIT Index ADM AO		15,399
*	TIAACREF	Vanguard Small Cap Index ADM U3		70,800
*	TIAACREF	Vanguard TTL Intl STK Index ADM AP		77,631
*	TIAACREF	Vanguard Federal Money Mkt		5,521
*	TIAACREF	Voya Intermediate Bond Fund R6 AQ		15,471
		1919 Socially Responsive Balance		3,832
				$ 30,859,232

* Identifies party in interest